

VERMONT INDEPENDENT SCHOOL YOUTH NEEDS ASSESSMENT PROJECT

Final Report – October 2004

**Vermont Department of Education
Safe and Healthy Schools
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Notes on the information contained in this report:

- This report contains information based on 47 interviews with administrators and educators from technical centers, approved and recognized independent schools, recognized schools, state operated facilities, state approved programs, and state approved tutorials in Vermont.
- Public schools and service providers for out-of school youth are not included in this report.
- The information in this report is based on self-reporting by individual representatives of contacted independent schools, in the course of one phone interview each.

SUMMARY OF FINDINGS

Health Curriculum

FINDINGS:

- In 81% of the alternative educational schools surveyed, at least some of the students received health education.
- Of the 19% of schools that do not offer health education, the vast majority are technical centers, whose students receive health education from their sending schools.
- 23% of schools surveyed reported basing their health education on the Vermont state guidelines.
- The majority of interviewees reported basing their health education on a variety of resources and curricula.

HIV/AIDS Education or Information

FINDINGS:

- 89% of interviewees reported providing some sort of HIV/AIDS education or information to their students.
- 95% of schools with health education also provided HIV/AIDS education.
- 67% of schools not offering health education did provide HIV/AIDS education.

How HIV/AIDS education is offered

FINDINGS:

- Of the 42 (89%) of schools offering HIV/AIDS education, 76% teach HIV/AIDS as a specific unit.
- Of the 32 (68%) of schools teaching HIV/AIDS as a specific unit, most are using a variety of teaching approaches, particularly: discussion, lecture, skills-building exercises, and guest speakers.
- Half of the schools teaching HIV/AIDS as a specific unit also reported using other teaching techniques, with the most common technique being experiential or small group activities (38%).
- 71% of schools offering HIV/AIDS integrate this information into other subjects, namely: science (33%), vocational training (23%), and current events/social studies (17%).

Providing HIV/AIDS related services

FINDINGS:

- The 4 most common services that interviewees reported providing at their schools were: individual risk reduction counseling, drug and alcohol counseling, HIV/AIDS print information, and information/support for GLBTQ youth.

Health promotion for youth: Successes and challenges

FINDINGS:

- When asked about what makes successful health promotion for youth, the top 4 themes in interviewees' responses were: promoting discussion, not lecturing, using experiential or interactive activities, and making the information relevant to students' lives.
- When asked about what the challenges are to reaching youth with HIV/AIDS education, the top 4 themes in interviewees' responses were: youth sense of invincibility; inability to provide enough HIV education, stigma, and cultural/social messages.

Resources needed for HIV/AIDS education

FINDINGS:

- When asked about which resources they needed to better reach their students with HIV/AIDS education, interviewees' top 4 responses were: print information on HIV, videos on HIV, information on community resources, and assistance with finding funding.

School/community coordination

FINDINGS:

- 67% of interviewees reported that there is a need for increased school/community collaboration in general (i.e., not limited to HIV/AIDS prevention).
- 48% of interviewees reported that a lack of time and/or resources was a key obstacle to school/community coordination.
- 23% of interviewees reported that increasing avenues for communication between schools and communities would help to overcome obstacles to collaboration.
- 78% of interviewees noted that they had experienced effective collaboration between their schools and the community.
- 36% of interviewees reported that in their experience, effective school/community coordination is due to motivation and dedication on the part of individuals or groups.

Improving HIV/AIDS education

FINDINGS:

- When asked how could HIV/AIDS be better addressed among the youth with whom they work, interviewees' top 4 responses were: use peer education, provide more HIV education, make HIV information more accessible, and make HIV services more available.

Focus Groups

FINDINGS:

- When asked where have they seen HIV/AIDS information, the top 4 responses from youth were: at school, in the media, at health care facilities, and in jail.
- When asked who is getting HIV/AIDS information, the top 4 responses from youth were: inmates, youth in school, “everyone”, and teens.
- When asked who is not getting HIV/AIDS information, the top 4 responses from youth were: adults, out of school youth, younger children, and youth who do not access services.
- When asked what are the challenges to getting information about HIV prevention, the top 4 responses from youth were: lack of access to the information, shame and stigma associated with asking for the information, community-based obstacles (e.g., lack of transportation), and feelings of invincibility.
- When asked what has been helpful or effective regarding HIV prevention, the top 4 responses from youth were: hearing engaging messages through the media, having access to condoms, having HIV information, and hearing HIV+ speakers.
- When asked how they would design an HIV prevention program, the top 4 youth responses were: use school-based HIV prevention, use entertainment or the media, use HIV+ speakers, and provide more information on HIV (e.g., more education about needle-related risks).

POPULATION DEFINITION

The target population is defined as people between 13 and 24 years old who are taking classes at a Vermont independent school or technical center.

DETAIL:

This population includes, but is not limited to, youth who are:

- Incarcerated, or under Department of Corrections custody
- Diagnosed with a Learning Disability
- Diagnosed with an Emotional Disability
- At risk for dropping out of school
- Youth from the general population

TYPES OF INDEPENDENT SCHOOLS

The 47 schools included in this report fall into the following categories, based on the 2003-2004 Vermont Education Directory:

Type of School	# (N = 47)	%
Approved and Recognized Independent School	30	64%
Recognized School	8	17%
Technical Center	6	13%
Miscellaneous Approved Schools/Programs*	3	6%

** This category includes: state operated facilities, state approved programs, and state approved tutorials.*

The 47 schools included in this report are located in the following counties:

County	# (N = 47)	%
Addison	1	2%
Bennington	4	9%
Caledonia	8	17%
Chittenden	9	19%
Essex	0	0%
Franklin	1	2%
Grand Isle	0	0%
Lamoille	1	2%
Orange	6	13%
Orleans	1	2%
Rutland	5	11%
Washington	3	6%
Windham	3	6%
Windsor	3	6%
Multiple counties	1	2%

NUMBER OF STUDENTS

SURVEY QUESTION:

Total number of students currently attending all schools included in report.

TOTAL NUMBER OF STUDENTS REPORTED: 5,053

Note:

- This number does not account for duplication between schools, if any.
- This number includes all students attending each school, even if they are younger than 13 or older than 24 (i.e., outside the population definition for this report).
- 46 of 47 interviewees were able to offer estimates.

WHO IS BEING REACHED?

SURVEY QUESTION:

Describe your student population, noting grade levels and any other relevant characteristics.

The grid on this page shows the total responses (N = 47) by grade level.

Grade Levels:

Grade Levels	# (N = 47)	%
Preschool – 12	3	6%
Kindergarten – 12	3	6%
1 - 10	1	2%
1 – 8	1	2%
2 – 12	1	2%
3 - 10	1	2%
3 – 12	3	6%
6 - 12	1	2%
7 – 12	6	13%
8 – 12	2	4%
9 – 10	1	2%
9 - 12	8	17%
10 - 12	4	9%
11 - 12	3	6%
12	1	2%
Don't use grades	7	15%

Other relevant population characteristics:

Characteristic	# (N = 47)	%
Co-ed	32	68%
All male	13	28%
All female	2	4%

Characteristic	# (N = 47)	%
Heterogeneous student body	15	32%
Incarcerated/juvenile offenders, or under Dept. of Corrections custody	13	28%
Dealing with mental illness	9	19%
Dealing with a learning or attentional disability	9	19%
On Individual Educational Plan (IEP)	5	11%
In foster or SRS care	2	4%
Good – excellent academic standing	2	4%
Dealing with or have a history of substance use	2	4%
Homeless	1	2%
Good athletic ability	1	2%
At risk for dropping out of school	1	2%

Note: Interviewees were asked to identify any characteristics that would describe their population of students. Interviewees were not prompted by a list of categories, so some categories may be under-reported (for instance, students identified as being incarcerated may include youth who have a history of substance abuse even though the latter was not reported as a population characteristic). Also, these categories are not exclusive, for instance, interviewees often reported that students who are dealing with a learning disability are typically also on an Individual Educational Plan (IEP) from their sending school.

HEALTH CURRICULUM

SURVEY QUESTION:

Which students receive some form of health education?

# (N = 47)	#	%
All	24	51%
Some	14	30%
None	9	19%

Which students receive health education broken down by type of school:

	Which students receive health education?			
Type of School	All	Some	None	Total
Approved and Recognized Independent School	17	11	2	30
Recognized School	6	2	0	8
Technical Center	0	0	6	6
Miscellaneous Approved Schools/Programs*	1	1	1	3
Totals	24	14	9	47

Note:

- When interviewees responded that “some” of their students get health education, this typically meant one of two things: 1) some students may have gotten health education from previous schooling, or that 2) their school included multiple grades, so that only some of those grades included health education.
- Interviewees from technical centers reported that their students take health education at their sending schools.

SURVEY QUESTION:

Is the health education at your school based on any particular guidelines or curricula?

Health Education Resources	# (N = 47)	%
Vermont state guidelines	11	23%
Self-developed curriculum	6	13%
Glencoe Health	4	9%
Life Skills Health (American Guidance Services)	3	6%
Sending School determines curriculum	2	4%
Bob Jones	2	4%
Accelerated Christian Education (ACE)	2	4%
ADP (through the Red Cross)	1	2%
Brattleboro Retreat's curriculum	1	2%
Burlington School District guidelines	1	2%
Center for Applied Research and Education	1	2%
Choosing High School Health	1	2%
Don't know	1	2%
Globe Health Program	1	2%
Imani	1	2%
Life Planning Education	1	2%
McGraw Hill health	1	2%
Oak Meadows' curriculum	1	2%
PACES	1	2%
Planned Parenthood	1	2%
Red Cross	1	2%
Reducing the Risk	1	2%
School of Tomorrow	1	2%
Teen Health Series	1	2%
Abeka Books	1	2%

HIV/AIDS Education or Information

SURVEY QUESTION:

Of those students receiving health education, which students also get HIV/AIDS education or information?

Schools with health education

Which students receive HIV/AIDS education?		# (N = 38)	%
	All	26	68%
	Some	10	26%
	None	1	3%
	Don't know	1	3%

Note: Of the 9 schools that do not offer health education, some did report providing their students with some sort of HIV/AIDS education or information.

Schools without health education

Which students receive HIV/AIDS education?		# (N = 9)	%
	All	2	22%
	Some	4	44%
	None	3	33%

How HIV/AIDS education is offered

Of the 47 interviewees, **42 (89%)** said their school did provide HIV/AIDS education or information of some sort.

SURVEY QUESTION:

Is HIV/AIDS taught as a specific unit, or is it integrated with other subjects?

Among schools that offer HIV/AIDS education or information, the following responses were given:

	# (N = 42)	%
HIV/AIDS covered as a specific unit and integrated with other subjects	20	48%
Specific unit on HIV/AIDS	32	76%
HIV/AIDS integrated with other subjects	30	71%

Specific Unit on HIV

SURVEY QUESTION:

Which teaching approaches are included in the unit on HIV?

Of the 42 schools offering HIV/AIDS education, **32 (76%)** reported providing this information as a specific unit. Furthermore, these 32 schools reported using the following teaching approaches in their HIV/AIDS education.

Displayed as raw data

Teaching approach (N = 32)	Yes
Discussion	29
Lecture	25
Skills building exercises	20
Guest speakers	20
Reading assignments	19
Video	19
Practical demonstrations by an instructor	17
Other activities	16

Displayed as percentages

Teaching approach (N = 32)	Yes
Discussion	91%
Lecture	78%
Skills building exercises	63%
Guest speakers	63%
Reading assignments	59%
Video	59%
Practical demonstrations by an instructor	53%
Other activities	50%

Teaching approaches included under “Other”:

“Other” teaching approaches reported	# (N = 16)
Experiential activities/group activities	6
Interactive homework (discussions with parents)	2
Visual aids	2
Board games	1
Community projects	1
Drama productions	1
Field trips	2
On-line research	1
Written work/tests	1

SURVEY QUESTION:

Which information is included in the unit on HIV/AIDS?

The **32** schools reporting that they provide HIV/AIDS as a specific unit also reported covering the following information in their HIV/AIDS education.

Responses displayed as raw data

N = 32	Yes
Sexual risk for HIV	29
Modes of HIV transmission	29
Needle-related risk	28
Prevention through abstinence/postponement (i.e, risk elimination)	27
Prevention through risk reduction	25
Specific mention of same-sex activity	25
Associated risks (peer pressure, low self-esteem)	25
Other subjects	15

Responses displayed as percentages

N = 32	Yes
Sexual risk for HIV	91%
Modes of HIV transmission	91%
Needle-related risk	88%
Prevention through abstinence/postponement (i.e., risk elimination)	84%
Prevention through risk reduction	78%
Specific mention of same-sex activity	78%
Associated risks (peer pressure, low self-esteem)	78%
Other subjects	47%

How HIV/AIDS is addressed with other subjects

SURVEY QUESTION

How is HIV/AIDS is addressed in subjects other than health education?

Of the 42 schools reporting that their students receive some form of HIV/AIDS education or information, **30 (71%)** reported that this information is integrated with other subjects.

HIV/AIDS information integrated with other subjects

Subjects that might include HIV information	# (N = 30)	%
Science	10	33%
Vocational training (health careers, human services, construction, etc...)	7	23%
Current Events/Social studies	5	17%
Discussion group (extra-curricular)	4	13%
CPR/Universal precautions	3	10%
Bible studies	2	7%
Physical education	2	7%
Drug and alcohol use/abuse	1	3%
Debate	1	3%
English	1	3%

Note:

- Responses include those schools where HIV/AIDS is addressed intentionally in the curriculum, as well as schools where it comes up informally, based on students' questions and interest.
- Extra-curricular discussion groups were included in "other subjects" when the interviewee noted that the group is mandatory for all.
- Some schools reported integrating HIV/AIDS information into more than one other subject.

Providing HIV/AIDS related services

SURVEY QUESTION

Do you provide any of the following HIV/AIDS related services? If you do not provide the service at the school, do you make referrals for that service?

Services provided or referrals made displayed as raw data

Service (N = 47)	Yes	Referrals made
Individual risk reduction counseling	34	7
Drug and alcohol counseling	34	20
HIV/AIDS print information	34	3
Information/Support for GLBTQ youth	28	12
Information/support for people living with HIV/AIDS	17	8
Condoms	11	16
HIV testing	7	18
Other	3	1
Bleach Kits	1	5
Injection Equipment	0	7

Note: Interviewees were only asked if they made referrals for a particular service if they did not provide that service at their school.

Services provided or referrals made displayed as percentages

Service (N = 47)	Yes	Referrals made
Individual risk reduction counseling	72%	15%
Drug and alcohol counseling	72%	43%
HIV/AIDS print information	72%	6%
Information/Support for GLBTQ youth	60%	26%
Information/support for people living with HIV/AIDS	36%	17%
Condoms	23%	34%
HIV testing	15%	38%
Other	6%	2%
Bleach Kits	2%	11%
Injection Equipment	0%	15%

Note: Interviewees were only asked if they made referrals for a particular service if they did not provide that service at their school.

Other Health-related Concerns of Students

SURVEY QUESTION:

Are you aware of students asking for other health-related services with any regularity?

Of the 47 interviewees, **31 (66%)** reported that students have asked for other health-related services on a regular basis.

Other health-related services asked for by students:

Service	# (N = 31)	%
Mental health services	9	29%
Drug and alcohol treatment	9	29%
Wellness (eg, nutrition, exercise, hygiene)	9	29%
Physical health - general	6	19%
Pregnancy/reproductive issues	6	19%
Smoking cessation	6	19%
Dental care	5	16%
Prescription medications	4	13%
Relational/social issues	4	13%
Hepatitis C services	2	6%
Healthcare/Medical system assistance	2	6%
Eye care	1	3%

HIV Policy

SURVEY QUESTION:

Does your school have an HIV policy?

	# (N = 47)	%
Yes	21	45%
No	20	43%
Don't know	6	13%

SURVEY QUESTION:

If you have an HIV policy, what does it cover?

Note: Interviewees were asked this question without being prompted by a list of HIV policy topics or specific definitions of "HIV policy."

Details of school HIV policies displayed as raw data:

Topic covered in HIV policy (N = 21)	Yes	No	Don't know
Discrimination	10	4	7
Confidentiality and disclosure re: HIV status	8	6	7
Education and instruction	2	11	8
Universal precautions	13	2	6

Details of school HIV policies displayed as percentages:

Topic covered in HIV policy (N = 21)	Yes	No	Don't know
Discrimination	48%	19%	33%
Confidentiality and disclosure re: HIV status	38%	29%	33%
Education and instruction	10%	52%	38%
Universal precautions	62%	10%	29%

WHAT IS EFFECTIVE/SUCCESSFUL – most frequent responses

SURVEY QUESTION:

In terms of reaching students with health promotion and/or disease prevention messages, what have been the successes of your work? What do you think is effective?

# (N=46)	%	Effective/successful
9	20%	Discussion; open discussion; having smaller class sizes to promote discussion; using a group format to promote discussion; having an established group with well-defined rules and boundaries and a trained group leader; let students ask questions
9	20%	Don't lecture; just tell the facts; use humor; deliver information in an enthusiastic, knowledgeable, and informal way; provide real life information and experiences; non-judgmental attitude, don't try to change the behavior, try to help students be safe when engaged in the behavior; don't use too rigid an outline, be flexible in what you cover
8	17%	Experiential/interactive activities; role-playing; skills building activities
8	17%	Make information relevant to students' lives; tailor the information to fit the audience; make connections between the information and real life; go over real life scenarios and students' possible choices; the most important information is relevant to student's lives
7	15%	Guest speakers; bring in outside experts; guest speaker with real life experiences regarding HIV/AIDS; guest speaker the students can relate to; have an outside expert available on a regular basis for answering questions
7	15%	Peer education; peer speakers who are HIV+ or who are recovering addicts
6	13%	Holistic approach; integrate information into an entire program, don't just present it in one class; get the whole school involved; address physical, social, emotional, spiritual, and medical aspects of HIV prevention; provide multiple sources of information in multiple settings
6	13%	Personality of educator; someone who is determined about HIV education and non-discrimination; an adult whom students trust and respect; someone who is comfortable with the topic; getting the information from someone they trust; be very honest in how you answer students' questions
5	11%	Videos; film; Magic Johnson video; videos with teens; videos which are or seem real
4	9%	Let students take initiative in HIV prevention; let students research HIV information; have students decide which questions to ask; have students get involved in awareness-raising efforts so they feel ownership of it; when you give kids the information they are asking for and interested in
3	7%	Include a spiritual aspect; emphasize biblical teachings
3	7%	1:1 interactions/discussions with students; knowing students well
3	7%	Provide a supportive, safe environment; provide a nurturing environment and good role models; make it safe for students to ask questions about HIV

Note: Only 46 respondents are included, because 1 interviewee did not complete this section of the survey.

CHALLENGES/BARRIERS – most frequent responses

SURVEY QUESTION:

What are the challenges or barriers to reaching youth with HIV/AIDS information or related prevention messages?

# (N=46)	%	Challenge/Barrier
27	59%	Sense of invincibility; HIV does not feel relevant to youth, or is not a priority; youth are desensitized to HIV prevention messages
8	17%	Not able to provide enough HIV education or prevention; lack of early HIV education; educators need more training to keep current with HIV education; hard to find teaching resources that work with students
8	17%	Stigma; resistance within the community and/or schools; sensitivity to addressing these subjects with youth; stereotypes; if you ask about HIV, it is assumed you are HIV+
7	15%	Cultural/social messages; media messages; life is one big party; society is too permissive; lack of public awareness/information about HIV; pop-culture messages misinform youth about sex and don't mention the serious consequences
5	11%	Students' discomfort with the topic, especially discussing sexuality; discomfort to discussing HIV related to homophobia; due to own issues, youth may get overwhelmed emotionally when discussing HIV prevention
4	9%	Students have misinformation about HIV; students don't always retain the information the way you presented it; youth don't think HIV is lethal
4	9%	HIV/AIDS is not visible in Vermont
3	7%	Peer/partner pressure; peer pressure not to use precautions; male partners resistant to using condoms
3	7%	Lack of family support, modeling, or education; students are one of several generations that have not been reached
3	7%	Students don't care about their future, just about now; students don't feel they have a future; focus on pleasure now, not on the consequences
3	7%	Abstinence only message is not effective with students who are already sexually active
2	4%	Teacher discomfort with the topic

Note: Only 46 respondents are included, because 1 interviewee did not complete this section of the survey.

DESIRED RESOURCES – most frequent responses

SURVEY QUESTION:

What resources would help you more effectively reach your population with HIV/AIDS information or services?

# (N=46)	%	Resource	Common Responses: how resources might be applied
13	28%	Print information on HIV/AIDS	Posters; pamphlets; charts; any free print information
11	24%	Video on HIV/AIDS	Like the <i>Time out</i> video, but updated; like <i>Drugs USA</i> or <i>Drugs on the Street</i> ; good video for teens
10	22%	Information on available community resources	List of local HIV/AIDS related services; list of guest speakers; community resource guide; HIV+ speakers
6	13%	Information/assistance with finding additional funding	Spend more time on HIV with students; add a separate health education course; use funding to bring in community organizations specializing in HIV prevention to the school
5	11%	Computer-related resources	Computers; internet access; list of good websites for students
5	11%	Additional staff/human resources	Trained health education instructor; trained staff for in-school and street outreach; increased staffing to allow more time on HIV with students
5	11%	Technical assistance/training	More staff development and training on HIV (general)
3	7%	Other	Space for a separate health education course; book of suggested activities for the classroom (e.g., experiential, interactive, hands on activities on HIV)
3	7%	HIV curriculum	Good HIV curriculum; in-depth, comprehensive curriculum; curriculum including videos and guest speakers

Note: Only 46 respondents are included, because 1 interviewee did not complete this section of the survey.

SERVICES LACKING FOR YOUTH

SURVEY QUESTION:

What services are most lacking for youth in your district? (“services” is used to mean any service, not just HIV/AIDS related services)

# (N=46)	%	Service lacking
10	22%	Positive social activities; teen centers; after school activities; resource center for teens
6	13%	Housing; half-way houses; transitional housing; group homes; housing for at risk/homeless youth; housing for 16-18 year olds
4	9%	Mental health counseling; more long term mental health counselors; mental health services for low income youth
4	9%	Drug and alcohol services: drug rehab; drug and alcohol counseling; drug prevention
3	7%	Parenting classes; more parental authority; help parents set limits and build children’s self-esteem
3	7%	Transportation
2	4%	Jobs; vocational/employment training
2	4%	Education regarding sexual/relational issues and consequences
2	4%	Youth services, like Spectrum
1	2%	Alternative schools for high risk youth

Note: Only 46 respondents are included, because 1 interviewee did not complete this section of the survey.

SCHOOL/COMMUNITY COORDINATION

SURVEY QUESTION:

Do you see a need for increased coordination between schools and their communities?

See a need for increased coordination?	# (N=46)	%
Yes	31	67%
No	13	28%
Don't know	2	4%

Note: Only 46 respondents are included, because 1 interviewee did not complete this section of the survey.

The 31 interviewees who reported that they did see a need for increased coordination between schools and communities were also asked the following question:

SURVEY QUESTION:

What are the obstacles to this coordination and how might those obstacles be overcome?

# (N=31)	%	What are the obstacles to coordination between school and community?
15	48%	Lack of time and/or resources; lack of staffing; lack of time related to high caseloads; too busy dealing with crises; people being too busy leads to communication barriers
4	13%	Red tape; bureaucratic issues; lots of hoops to jump through to get services; bar too high for accessing services; state and local governments get in the way of local collaboration; some federally funded agencies not allowed to serve students with criminal records (esp. re: housing)
3	10%	People being territorial; turf issues; differences in personal teaching philosophies
2	6%	Fear of teenagers; community prejudice toward the corrections population
2	6%	Geographical issues; school located outside the community; students come from all over the state, so it's hard to connect with all those communities

# (N=31)	%	How might those obstacles be overcome?
7	23%	Increase avenues for communication; have interagency meetings; create forum for increasing communication among service providers; make collaboration a funding requirement; have more workshops; develop better connections between people; educate community about needs of high risk kids
5	16%	More resources; more staff; more funding; fund positions specializing in school/community collaboration
3	10%	Make community resources more easily accessible; have a resource guide of community services; increase awareness of who has which HIV-related resources

EFFECTIVE COORDINATION BETWEEN SCHOOL AND COMMUNITY

SURVEY QUESTION:

What has been effective in coordinating between school and community?

Out of the 46 interviewees who completed the entire survey, **36 (78%)** reported that they had noticed examples of effective coordination between the school and the community. Those 36 interviewees gave the following examples of what makes successful coordination possible between the school and the community.

# (N=36)	%	Effective coordination between school and community
13	36%	Motivation, dedication, willingness to collaborate; when everyone is behind a particular issue; dedicated staff; when staff are willing to take on one of these collaborations; community investment in the school; a certain individual has made these collaborations happen; a specific community leader has gotten people involved in these collaborations; when sending schools see the program as successful, they are more willing to collaborate; when the community organizations/groups approach the school; community and school staff have been receptive once approached about collaborations; when individuals in the community take the initiative to attend school events
6	17%	Having particular staff who are responsible for school/community collaboration; having school/community coordinators who can address students' needs holistically; having a community program which comes into the school and then follows students once they return to the community
5	14%	Developing individual relationships with people in the community who are interested in collaboration; ongoing relationship building; having face to face interactions; having a number of established relationships with people in the community
4	11%	Being in a small community; in a small community it is easy to know which services are available; school is well-known within the community; easy to access services in a small community
2	6%	Having adequate funding and resources available to find and utilize community resources; having funding and support from state-level leadership for certain collaborations
2	6%	Promoting interactions with parents; parents being involved

Note: The questions about school-community coordination (e.g., obstacles and effectiveness) were intended to gather information about the overall relationship between school and community and were not limited to the area of HIV/AIDS.

IMPROVING HIV/AIDS EDUCATION AND PREVENTION

SURVEY QUESTION:

How could HIV/AIDS be better addressed among the youth you work with?

# (N=46)	%	How could HIV/AIDS be better addressed?
7	15%	Peer education; use peer educators as guest speakers; have older students talk about the usefulness of HIV education; have a forum for students to discuss what HIV means to them; HIV+ peer guest speakers
7	15%	More HIV education; offer an ongoing class on HIV at the school; make HIV education a major component of health education; cover HIV in more depth; youth need to be more aware that HIV is out there; include HIV in more courses
6	13%	Make HIV information more accessible; make HIV information available to students 24/7; need more materials to promote awareness and convey information about HIV; need access to kid-friendly websites on HIV; need more relevant, current, user-friendly information on HIV
5	11%	Make HIV services more available; provide individual HIV counseling in and out of school; have a drop-in or mobile clinic with birth control, HIV info, and HIV testing; Have HIV services available and make sure there is good public awareness about how to access them; make sure each school has a GLBTQ support group; have recreational/social programs which also provide HIV information
4	9%	Start HIV education earlier (e.g., 1 st grade, 3rd grade, 6th grade); reach youth with HIV education before they become sexually active
4	9%	Address stigma related to HIV; promote discussion with youth as a way to make it a less taboo subject; address homophobia and stigma regarding HIV; address myth that HIV is a gay disease; teach students to be more tolerant of different sexual orientation
4	9%	Emphasize developing a healthy lifestyle and making good choices; emphasize decision-making process regarding HIV risk; help promote a positive school environment so students can make better choices; build awareness so students can make informed decisions about high risk behaviors
4	9%	Use the media more effectively; use media to increase public awareness and promote discussion; use rap stars in public service announcements and posters; address the entertainment culture which promotes high risk behavior; have more HIV information on the radio and in video trailers; more messages about the seriousness of HIV from secular music and the entertainment world
3	7%	Promote abstinence; teach abstinence as an option
3	7%	Develop relationships between students and educators/adults; more staff-student interactions; help students gain trust in their <i>educators</i> so they can talk about HIV; promote rapport between kids and adults so they can talk about HIV
3	7%	More HIV training for staff; more mandatory HIV training;

Note: Only 46 respondents are included, because 1 interviewee did not complete this section of the survey.

FOCUS GROUPS

The following section is a report of information gathered at four focus groups held in July and October 2003, and in January 2004, at locations in northern, central, and southern Vermont. All four focus groups were done at correctional facilities. Three of the focus groups were all male, one was all female. A total of 39 youth participated in the focus groups; all participants fit the population definition of this project.

Each focus group responded to 6 basic questions:

- 1) Where have you seen HIV/AIDS information?
- 2) Who is getting HIV/AIDS information?
- 3) Who is not getting HIV/AIDS information?
- 4) What are the challenges/barriers to getting information about HIV prevention?
- 5) Regarding HIV prevention or information, what has been helpful or effective?
- 6) If you were designing an HIV prevention program, what would it look like?

Note:

This report does not attempt to counter any inaccuracy or bias contained in participant responses.

The youth participating in these focus groups represent a sub-group of the general population definition; therefore their responses should be considered within that context.

Focus Group Question 1: Where have you seen HIV/AIDS information?

* = Mentioned in two of four focus groups

** = Mentioned in three of four focus groups

*** = Mentioned in four of four focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
***School	• *Health class • Bulletin boards
***Media	• ***Television (MTV, commercials, news, NOW with Bill Moyers, public television) • **Brochures/pamphlets • *Radio • *Magazines (Newsweek, Cosmo, Seventeen, People, Health and Fitness) • Posters • Internet • Bulletin boards • Movies
**Health care facility	• **Doctor's office • Nurse's office • Hospital
**Jail	• Health class • Educational presentations • Signs on the wall • AIDS prevention classes
**Community organizations/agencies	• **Planned Parenthood • American Red Cross • Teen Center
**Public/state buildings	• *State buildings • Courthouse • Restrooms • Libraries
*Peers	• Friend who has AIDS
*Stores	• Body Shop • Grocery stores
*Drug Rehab	• Drug rehab (Brattleboro, Rutland) • Serenity House • Huntington House
*Public places	• Bumper stickers • Clothing – shirt logos • Truck stops
Needle exchange	• Needle exchange (Burlington, St. Johnsbury)
Parents	

Focus Group Question 2: Who is getting HIV/AIDS information?

* = Mentioned in two of four focus groups

** = Mentioned in three of four focus groups

*** = Mentioned in four of four focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
**Inmates	• Inmates • Anyone incarcerated
**Youth in school	• High school students • Elementary school students • Middle school students • 7th to 9th grade gets it the most
**Everyone	
*Teens	• Teens • People our age (18-26 years old)
*People in drug rehab	
Professionals/other adults	• Doctors • School counselors and nurses • Teachers
Parents	
Wayward youth	
People who show high risk behavior	
Drug users	
People who know someone with HIV	
People who are open to this information	

Focus Group Question 3: Who is not getting HIV/AIDS information?

* = Mentioned in two of four focus groups

** = Mentioned in three of four focus groups

*** = Mentioned in four of four focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
**Adults	• **Older adults/seniors/elderly • *Parents
**Out of school youth	• *Drop-outs • Kids who don't go to school
**Preadolescents	• *Kids younger than high school/13 years old • Younger kids
**People not accessing services	• People who don't get help with their drug problem • Youth who don't access sexual health services like Planned Parenthood
*People resistant to HIV prevention messages	• People who don't act on the information they know • People who believe they'll never get it/don't care • People with nothing to live for
*People with low SES	• Poor people • Homeless people/street people
People labeled as not using drugs	• It's a myth that high school students don't shoot up
Males	
Youth without parents	
People who are living fast (partying, drinking)	
Home-schooled youth	
Rural populations	
People with disabilities	
People who never had sex	
Inmates	
College students	

Focus Group Question 4: What are the challenges/barriers to getting information about HIV prevention?

* = Mentioned in two of four focus groups

** = Mentioned in three of four focus groups

*** = Mentioned in four of four focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
***Lack of access	• *Lack of access to healthcare/prevention services • *Lack of access to condoms (e.g., must pay for them) • *Don't know where to go for information • Lack of money • In prison, difficult to get information/materials
***Shame/stigma	• *Embarrassed to have others know you asked for HIV information (e.g., they might think you are HIV+) • *HIV stigma • Men don't want to be seen as gay • Hard to talk about this topic outside specific discussion groups • Don't want parents to know you've been having sex or doing drugs • Discomfort among youth about discussing sexual and drug using behaviors
***Community-based obstacles	• *In rural locations, hard to access services • Lack of transportation (to access HIV services or information) • You have to be 18 to buy needles/syringes • Pharmacists won't sell needles to you
**Feelings of immunity/apathy	• ** Sense of invincibility • *Apathy • Kids do what they want to, even if they know the facts • Apathy among HIV+ people regarding being able to spread HIV
**Messages are too simplistic	• *Lack of detailed prevention information • *Lack of information about how HIV affects your life, your body, etc... • Not enough information about HIV and needle use • Overly simplistic messages

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Focus Group Question 4: What are the challenges/barriers to getting information about HIV prevention? <i>continued from previous page</i>	
**Other priorities are more important to youth	• *HIV is not a priority, youth are too busy for it • Other diseases feel more important to youth (e.g., Hepatitis C) • People are caught up in a certain high risk lifestyle
*Denial by providers and other adults	• Denial/assumption that youth are engaged in risk behaviors • Educator discomfort discussing sexual and drug using behaviors • Public/social resistance to the topic
*Fear	• *Fear of learning own HIV status if tested • Fear of contracting HIV (“what you don’t know can’t hurt you”)
*Peer pressure	• It’s “cool” to have sex and use drugs • Significant other doesn’t want you to be tested or get HIV information
*Addiction	• Addiction is more important than prevention to an addict • Addiction is impossible to break through
*Lack of HIV awareness	• Lack of risk awareness among youth • Kids start high risk behavior young, before getting HIV education • HIV classes in prisons aren’t frequent enough, don’t reach enough people • Parents aren’t getting HIV information
HIV/AIDS not visible	• HIV not apparent in Vermont • HIV focus has fallen off since the 1990’s

Focus Group Question 5: Regarding HIV prevention or information, what has been helpful or effective?

* = Mentioned in two of four focus groups

** = Mentioned in three of four focus groups

*** = Mentioned in four of four focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
***Movies/media	• **TV commercials (e.g., “Truth” commercials, tell how not to get HIV through specific everyday experience) • **Movies (e.g., <i>Philadelphia</i>, <i>Traffic</i>, <i>Kids</i>, <i>Boys on the Side</i>) • *Videos/tapes/documentaries (e.g., showing young people dealing with HIV) • Cartoons (for younger youth) • Using famous/influential people (e.g., TLC promoting condom use)
***Accessible condoms	• Keeping condoms available, carry them with you • Having condoms available at different places • Having free condoms freely available
**Having HIV information	• Showing the effects of HIV • Knowledge of HIV can make you think twice (about engaging in sex) • Education and learning about HIV really does work • Materials that make you realize HIV’s impact
*HIV+ speakers	• *Knowing someone with HIV • HIV+ people involved in education • Hearing about real life experiences • Hearing about what a process the meds can be • Showing the effects of HIV
*Being real/being honest	• Straightforward, honest information • Making it real • Realistic depictions in movies
*Workshops and other practical learning opportunities	• Giving people chances to practice what they know about HIV • Using the knowledge you receive
*Classes in jail	• *AIDS class in jail (“I learned a lot”)
*Abstinence	

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Focus Group Question 5: Regarding HIV prevention or information, what has been helpful or effective? <i>continued from previous page</i>	
*Scare tactics/shock	• Appealing to desire for pregnancy prevention as way to prevent STD's • Scaring people • Using scare tactics can cut both ways, helping or inhibiting HIV prevention efforts
*Addressing needle-related risk of HIV	• Needle exchange • Emphasizing risk associated with needle-sharing, tattooing, piercing, and insulin use
*Personalizing	• Relating to youth through what they do, reflecting their lives • Knowing someone with HIV makes people realize "it can happen to me," especially if it's someone your age
*Relational interventions	• Getting tested when in a relationship • Communication with partners • Being aware of who you go out with/know your partner's status
Addressing myths/misinformation	• Showing that it just isn't gay people with HIV
Group formats	• Groups where they show what is used to prevent HIV and other STD's • Groups like this one (the focus group)
Using good judgment	• Using common sense • Not being drunk when you're about to have sex
More HIV/AIDS information provided in school	

Focus Group Question 6: If you were designing an HIV prevention program, what would it look like?

* = Mentioned in two of four focus groups

** = Mentioned in three of four focus groups

*** = Mentioned in four of four focus groups

CATEGORY/RESPONSE	EXAMPLES GIVEN, DETAILS, ADDITIONAL COMMENTS
***School-based HIV prevention	• HIV/AIDS education in every school • Widen the dialogue • Pamphlets available in school • Focus groups • Show prevention supplies and how they are used • Use standardized tests in school to test HIV/AIDS knowledge and guide education efforts • More comprehensive school-based programs • Mandatory programming in schools • Start earlier, around 7th grade • Celebrities going to schools • More involvement from teachers
***Use entertainment/Media	• **Use famous or influential speakers (e.g., Magic Johnson, famous singers, sports stars) • *TV ads; ads on MTV • AIDS prevention parades • Have a big party, then make everyone listen to a speaker on HIV • Puppet shows • Movies • Make ads intense, aim at heroin users
**HIV+ speakers	• *HIV+ speakers sharing their experiences • People of all ages with HIV or with HIV+ friends answering questions • Show someone with HIV
**Provide more information	• Educate older people and parents so they can pass on the information to younger people • Increased needle education • More ongoing HIV education in jails, especially for heroin users • Be concise • Include more facts (about the epidemic, transmission, prevention)

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Focus Group Question 6: If you were designing an HIV prevention program, what would it look like? <i>continued from previous page</i>	
**Increase discussion	• *Focus groups like this one • Widen the dialogue (in and out of school) • Talking about it (bring it out into the open)
*Skills-based approach	• Show prevention supplies and how they are used • Skills-based prevention, not just information
*Community-based interventions	• AIDS prevention parades • Include all parts of the community • Door to door, like a bottle drive (or even do it with a bottle drive) • Make free condoms more widely available (bank, grocery store, school, everywhere)
*Engaging presentations/speakers	• **Use famous people/role models • Make it easy to relate to, not just boring facts • Use people the audience can relate to • Make it interactive • Anything with energy, even a bouncy speaker • Positive approach (regarding prevention) • Don't just use statistics, but include things people will relate to
*Use group format	• Use 12-step program model • Use groups, more comfortable for younger people than individual counseling
*Increase awareness	• Raise risk awareness • Reach kids at a younger age, before they are sexually active
*Reach/involve parents	• Educate parents • More involvement from parents
*Increase HIV+ services	• Provide programming for families of people living with HIV • Automatic Social Security benefits for those living with HIV
Address HIV as one of several similarly communicable diseases	• Take advantage of people's interest in other STD's as way of promoting HIV prevention ("you can avoid HIV while avoiding herpes, Hepatitis C, etc...") • Do comprehensive approach at needle exchange programs, addressing HIV and Hepatitis C
Promote HIV testing	• Make testing free, make sure people know it is free • Encourage people to get tested with a friend for support

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Focus Group Question 6: If you were designing an HIV prevention program, what would it look like? <i>continued from previous page</i>	
Get rid of Civil Union Bill	• HIV is spread through homosexuals [another participant commented that it does not matter if you are gay]
Put the message everywhere	• Signs everywhere (e.g., on gas pumps, because everyone gets gas) • Flyers with information and facts about HIV • Make free condoms widely available